# QuickTOX Chart

## MIAMI DADE FIRE RESCUE
Hazardous Materials Response Team

| Guide Number | Name | Pulmonary Edema? | Methemoglobin | Hyperbaric Chamber? | Organophosphate? | Cardiac Sensitizer | Treatment Notes |
|---|---|---|---|---|---|---|---|
| 1 | **Unknown / Not Listed** | X | X | X | X | X | Treat Symptoms as indicated, Transport to Hyperbaric Chamber if possible |
| 2 | **Flammable Liquids / Hydrocarbons** | X | | | | X | Causes myocardial irritability. Avoid using epinephrine or beta agonists unless in cardiac arrest. |
| 3 | **Carbon Monoxide** | | | X | | | Transport to a Multi-Lock, Multi-Place Hyperbaric chamber |
| 4 | **Cyanide** | | | | | | Hydroxocobalamin (Cyanokit)– 5grams over 15 minutes |
| 5 | **Hydrogen Sulfide** | X | | | | | Nitrite therapy - Amyl Nitrite /Sodium Nitrite |
| 6 | **Phenols** | | X | | | X | **Methylene Blue 1-2mg/kg for methemogobinemia** |
| 7 | **Nitrates / Nitrites** | | X | | | | Methylene Blue 1-2mg/kg for methemogobinemia |
| 8 | **Organophosphates** | | | | X | | "CHOP" SLUDGE. Atropine 2mg every 5 min. 2-PAM (1-2g over 15-30 min.) |
| 9 | **Carbamates** | | | | X | | "CHOP" SLUDGE. Atropine 2mg every 5 min. 2-PAM (1-2g over 15-30 min.) |
| 10 | **Fluorine** | X | | | | | IV Calcium Gluconate, IV Magnesium Sulfate. Rapid, aggressive treatment is necessary in all exposures, including delayed onset of symptoms. |
| 11 | **Hydrofluoric Acid (HF)** | X | | | | | Manage P.E. aggressively. Calcium Gluconate and Mag Sulfate are indicated for hypocalcemia and hypomagnesemia. Calcium Gluconate gel to affected area. |
| 12 | **Ethylene Glycol** | X | | | | | Consider Magnesium Sulfate. Consider Calcium Gluconate. Ethanol may be helpful in slowing metabolism of ethylene glycol. |
| 13 | **Amines / Organic Bases** | X | X | | | X | Causes direct myocardial damage. **Methylene Blue 1-2mg/kg for methemogobinemia.** |
| 14 | **Hydrazine** | X | X | | | | Monitor for hyper/hypoglycemia. **Methylene Blue 1-2mg/kg for methemogobinemia.** |
| 15 | **Alcohols** | | | | | X | Can cause profound hypoglycemia |
| 16 | **Aniline** | | X | | | | **Methylene Blue 1-2mg/kg for methemogobinemia.** |
| 17 | **Nitrogen Oxides** | | X | | | X | **Metabolized into nitrites. Methylene Blue 1-2mg/kg for methemogobinemia** |
| 18 | **Nicotine** | | | | | | **Atropine may be useful for parasympathetic effects** |
| 19 | **Dinitrophenol** | | X | | | | **Methylene Blue 1-2mg/kg for methemogobinemia** |
| 20 | **Dithiocarbamates** | | | | | | **Can be metabolized into $H_2S$ and Cyanide compounds. Consider cyanide kit.** |
| 21 | **Monofluoroacetate** | | | | | | May cause hypocalcemia. Calcium Gluconate IV (Not Pre-hospital) |
| 22 | **Pentachlorophenol** | | X | | | | **Methemoglobin not listed, but possible**. Atropine is **contraindicated.** |
| 23 | **Arsine compounds** | | | | | | Furosemide and Sodium Bicarbonate are indicated. Contact MCP |
| 24 | **Lead** | | | | | | Hyperventilation and diuretics (Mannitol, Furosemide) for increased ICP |
| 25 | **Isocyanates / Aliphatic Thiocyanates** | | | | | | **Hydroxocobalamin** (Cyanokit)– 5grams over 15 minutes |
| 28 | **Bromates** | | | | | | **Sodium Thiosulfate can help convert bromate into bromide (less toxic)** |
| 29 | **Chlorates** | | | | | | **Sodium Thiosulfate can help convert chlorate into chloride (less toxic)** |
| 30 | **Phosphine** | X | | | | X | Causes direct myocardial damage. Notify STEMI team of nature of exposure |